

## **Appendix D**

### **FY 2016 Sub-Grantee Application**

**Juvenile Justice and Delinquency  
Prevention – Title II Grant Program**

**Grant Application  
Page 1**

**General Administrative Information:**

Applicant: Address:  Phone:	<u>Type of Agency</u> <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Other
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<u>Project Director:</u> Address:  Phone: Fax: Email:	<u>Fiscal Officer:</u> Address:  Phone: Fax: Email:
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Amount Requested: \_\_\_\_\_ Amount Recommended: \_\_\_\_\_

Program Category: \_\_\_\_\_ Number of years previously funded? \_\_\_\_\_ Geographic Area Served: \_\_\_\_\_

If so, in what category? \_\_\_\_\_

Estimated number of youth to be served through the grant: \_\_\_\_\_ Project Period: \_\_\_\_\_  
**July 1, 2016 – June 30, 2017**

Utilizing an evidence/research based program or an environmental strategy? ☐ Yes ☐ No Name of Program: \_\_\_\_\_

Please provide the link to your program: \_\_\_\_\_

Cost per youth: \_\_\_\_\_

Project Title: \_\_\_\_\_

Description: \_\_\_\_\_

Certification: To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized by the governing body, and the applicant will comply with the attached special conditions and assurances if funding is provided.

Authorized Official:	Title:
Address:	Phone: Fax: E-Mail:
Signature:	Date:

**Budget Summary**

Applicant:	FEIN Number:
	DUNS Number:

Category	JJDP Requested Funds	Other Funds	Total Budget
Personnel / Contractual			
Travel / Training			
Equipment			
Space			
Other			
Totals			

**Funding Strategy**

Funding Source(s)	Amount	Status
Total		

Funding Source - Separately list each source of funds that will be used in the program.

Amount - Enter the amount received or anticipated for each

Status - Indicate the status of each funding source of funds as follows:

P – Projected grant, loan or donation

A – Application submitted and under review

C – Funds Committed

R – Funds received, appropriated or on hand

**Budget Detail**

Detailed Project Cost by Budget Category	Requested JJDP Funds	Other Funds	Recommendation
<u>Personnel / Contractual</u>			DJCS Use Only
<u>Travel / Training</u>			
<u>Equipment</u>			
<u>Space (Not an JJDP-Funded Category)</u>			
<u>Other</u>			
Total Requested JJDP Funds			
Total Other Funds			
Total of Recommendation (DJCS Only)			

Provide here a justification and explanation of the budget items shown on pages 3 and 4 of this application. This should contain specific criteria and data used to arrive at estimates and/or costs for all items listed. In completing the project budget narrative, please identify data by the major budget category involved (e.g., Personnel/Contractual, Travel/Training, Equipment, and Other). Please differentiate between project grant and matching funds (if applicable). For all Personnel/Contractual positions (salary, hourly, overtime) that are requesting Fringes please list the percentages (%) for each. For all hourly positions (not salaried) please include an hourly rate and the number of hours to be worked per month.

**Applications submitted which do not provide a sufficient narrative may be subject to exclusion. Use additional blank pages as necessary.**

**\*\*The below will serve as an example. Benefit rates will be different as will match, etc.**

**Personnel/Contractual**

Full time victim advocate with a total salary of \$35,000 per year. 80% of salary and benefits are requested through JJDP grant funding.

FICA-	7.65% of taxable wages
Workers Compensation-	2.4%
Unemployment-	1.7%
Insurance-	Family Plan \$550.00 per month
Retirement-	12%
Other-	

Part time advocate with an hourly rate of \$15.50 per hour. Advocate will work 80 hours per month under JJDP grant.

FICA-	7.65% of taxable wages
Workers Compensation-	2.4%
Unemployment-	1.7%
Insurance-	Family Plan \$550.00 per month pro-rated for 80 hours.
Retirement-	12%
Other-	

Total Personnel/Contractual Grant Funds Requested=\$50,000

**Travel/Training**

Training funds to attend one national victim advocate training and local travel funds not to exceed State of WV Travel regulations.

Total Travel/Training Grant Funds Requested=\$3,000

MATCH-Mileage to conduct various visits and trainings=\$1,000

**Other**

Brochures  
Office Supplies (paper, paperclips, etc.)  
Fax Machine  
Total Other Grant Funds Requested=\$3,000

MATCH-Copy machine=\$2,500

MATCH- Rent & Utilities=\$15,167

**Project Narrative**

**Grant Goal(s) & Objective(s)**

Descriptions:

Goal - Broad statement about what the program intends to accomplish. This statement should state the long-term desired impact of the program; set scope or foundation; state long-range target or purpose; identify target population; and state the condition to be changed.

**You may only have one goal for your project with several objectives and activities to meet that goal.**

Objective - A specific statement of the desired short-term, immediate outcome of the program which support accomplishment of the goal. Each objective must be **S.M.A.R.T.** (Specific, **M**easurable, **A**ttainable, **R**esults oriented and **T**ime bound).

Outcome Measure - The data or tool used to measure achievement of the objective.

Activities - What will be done and who will accomplish it. **You must have at least one (1) activity per objective.**

Timeline - When will the activity begin and end. **You must have a timeline for each activity.**

Goal Number: \_\_\_\_\_

Objective Number: \_\_\_\_\_

Outcome Measure:

Baseline Data:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Objective Number: \_\_\_\_\_

Outcome Measure:

Baseline Data:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

**Planning and Evaluation Team Members**

List the address and telephone number of each planning and evaluation team member. Also attach the letters of commitment from each team member reflecting their understanding of the requirements of the planning and evaluation team as Attachment C of the grant application.



**Organization Chart**

Please either use this page or attach a copy of your agency's organization chart *and the proposed organizational chart for this project.*

**Hiring Procedures and Job Descriptions**

Provide a brief statement outlining your agency's procedures for hiring employees who are funded under this grant. Include with this application a job description and qualifications for the position(s) proposed under this grant. If position(s) is/are already filled, then include a **resume** for each position filled.

**Organization Budget**

Please either use this page, or attach an agency-wide budget

**Membership List of Governing Board**

Please use this page or attach to this page the name, address, and telephone number for each member of the grantee governing board (Board of Directors, County Commission, City Council, etc.).

**Commitment Letters Received from Planning and Evaluation Team**

Please attach in this section **ALL** commitment letters received from the Planning and Evaluation Team.

**West Virginia IBR Statement of Compliance**

**Letters of Working Agreement and/or Support**

Please attach in this section all letters of working agreements and/or support received from key agencies that demonstrate interagency linking in providing services to youth and community support of the project.

**Other Attachments**

Please use this section to attach all other attachments (*e.g.* – statistical reports, curriculums, etc.).



